



Arkansas Department of Health

José R. Romero, MD, Secretary of Health

Social Work Licensing Board

Ruthie Bain, Director

Mailing Address: P. O. Box 251965, Little Rock, AR 72225

Street Address: Freeway Medical Tower, 5800 West 10th, Suite 100, Little Rock, AR 72204

Telephone (501)-372-5071 Fax (501)372-6301

Email: swlb@arkansas.gov Website: <http://www.arkansas.gov/swlb/>

This form is *only* for use when a continuing education provider does not provide a Certificate of Attendance.

FORM FOR REPORTING SOCIAL WORK CONTINUING EDUCATION

Name of Licensee _____ License No. _____

Licensee's Address _____

Title of Session _____

Sponsor _____

Date(s) & Time of Attendance _____

Amount of Credit Received _____

Actual time spent in session

The instructor, sponsor, leader, training coordinator, or agency director must sign below attesting to attendance.

Name & Credentials (typed or printed)

Signature

NOTE TO LICENSEE: Licensees must maintain verification of attendance at all continuing education workshops. In the event a licensee is selected for audit, he/she must submit Certification of attendance at all social work continuing education workshops.

This form may be duplicated for use. **Do not send documentation to the Board unless audited.**

(Revised 10/15/2021)

Copies of this form can be downloaded from the website at www.arkansas.gov/swlb/forms.